

L18000213348

(Requestor's Name)

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(Business Entity Name)

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SEP 11 2018



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DEPARTMENT OF STATE
10 SEP 10 AM 2018

19 SEP 10 AM 9:43
FALL 2018

**CORPORATE
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When you need ACCESS to the world,

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PICK UP: 09/10/18

xx **CERTIFIED COPY** _____

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xx **FILING** LLC _____

1. **PATRIMO LLC**
(CORPORATE NAME AND DOCUMENT #)

2. _____
(CORPORATE NAME AND DOCUMENT #)

3. _____
(CORPORATE NAME AND DOCUMENT #)

4. _____
(CORPORATE NAME AND DOCUMENT #)

5. _____
(CORPORATE NAME AND DOCUMENT #)

6. _____
(CORPORATE NAME AND DOCUMENT #)

18 SEP 10 AM 5:43
TALLAHASSEE
SECRETARY OF STATE

**SPECIAL
INSTRUCTIONS:**

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Patrimo LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kate Wood

Name of Person

Registered Agent Solutions, Inc.

Firm/Company

1701 Directors Blvd., Suite 300

Address

Austin, TX 78744

City/State and Zip Code

patrimo@HAWKSYNERGY.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kate Wood

888

705-7274

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐

\$125.00 Filing Fee

☐

\$130.00 Filing Fee &
Certificate of Status

☐

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

19 SEP 19 AM 5:43

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Patrimo LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1200 Brickell Avenue, Suite 800
Miami, FL 33131

Mailing Address:

1200 Brickell Avenue, Suite 800
Miami, FL 33131

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Registered Agent Solutions, Inc.

Name

155 Office Plaza Dr., Suite A

Florida street address (P.O. Box **NOT** acceptable)

Tallahassee

FL

32301

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Jaelyn Wright, Asst. Secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

18 SEP 10 AM 9:50
AT 9:50

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Chady Achkar

1200 Brickell Avenue, Suite 800

Miami, FL 33131

AMBR

Laurent Duplat

1200 Brickell Avenue, Suite 800

Miami, FL 33131

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

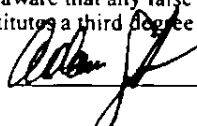
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.



Adam Saldana, Organizer

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

19 SEP 10 AM 5:50